



Great Bridge Primary School
 408 Cedar Road
 Phone: 547-1135 / Clinic: 547-5644
 Fax: 547-1820

A Note to the Teacher

Date: _____ Teacher: _____

Student: _____

**ALL BUS CHANGES MUST BE WRITTEN ON THE
 TRANSPORTATION FORM ON THE BACK OF THIS SHEET.**

_____ Is late today due to: _____

_____ To be picked up by: _____
 at: _____
 (Time)

_____ Is returning after an absence on the following
 date(s) _____

_____ Reason for absence is _____

Parent Signature: _____

Phone # to contact you: _____

Office Approval: _____



**Alternate Bus Stop
 Permission Slip**

Student's Name: _____

Teacher: _____

Address: _____

Phone Number: _____

Assigned Stop: _____

Alternate Bus Information:

Bus # _____

Begin Date: _____ End Date: _____

Bus Stop Drop off
 Location: _____

My child is going home with (if applicable)

 Name of Other Student

Parent/Guardian Signature

Date

Office Approval: _____